



OCT 12 2004

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Do not submit a collection of information unless it contains a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	6319-3000
First Named Inventor	AN
<i>COMPLETE IF KNOWN</i>	
Application Number	10/826,439
Filing Date	April 15, 2004
Art Unit	1624
Examiner Name	(TBA)

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

QUINOXALINE DERIVATIVES HAVING ANTIVIRAL ACTIVITY

(Title of the Invention)

the specification of which

is attached hereto

OR

APRIL 15 2004

as United States Application Number or PCT International

Application Number 10/826,439 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	US		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: 29858 OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



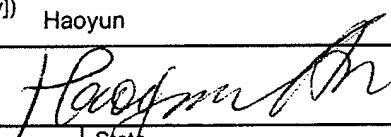
A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Haoyun

Family Name
or Surname

AN

Inventor's
Signature

Date

8/17/04

Residence: City
CarlsbadState
CACountry
USCitizenship
US

Mailing Address

Ribapharm Inc., 3300 Hyland Avenue

City
Costa MesaState
CAZIP
92626Country
US

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Frank

Family Name
or Surname

RONG

Inventor's
Signature

Date

Residence: City
IrvineState
CACountry
USCitizenship
US

Mailing Address

Ribapharm Inc., 3300 Hyland Avenue

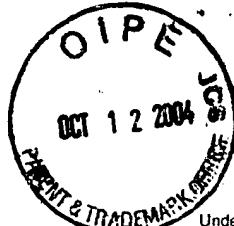
City
Costa MesaState
CAZIP
92626Country
US

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

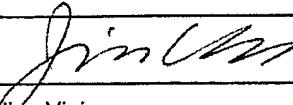
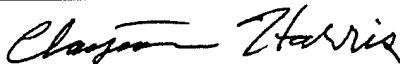
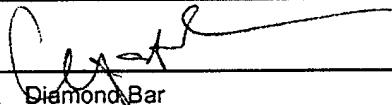
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 29858 OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	
Country		ZIP	
Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Haoyun		Family Name or Surname AN	
Inventor's Signature			Date
Residence: City Carlsbad	State CA	Country US	Citizenship US
Mailing Address Ribapharm Inc., 3300 Hyland Avenue			
City Costa Mesa	State CA	ZIP 92626	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Frank		Family Name or Surname RONG	
Inventor's Signature <i>Frank Rong</i>			Date 08/31/04
Residence: City Irvine	State CA	Country US	Citizenship US
Mailing Address Ribapharm Inc., 3300 Hyland Avenue			
City Costa Mesa	State CA	ZIP 92626	Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetPage 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Jim		Wu		
Inventor's Signature				Date 9/11/2004
Residence: City	Aliso Viejo	State	CA	Country US
Mailing Address	Ribapharm Inc.			
Mailing Address	3300 Hyland Avenue			
City	Costa Mesa	State	CA	Zip 92626
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Clayton		Harris		
Inventor's Signature				Date 8-31-04
Residence: City	Irvine	State	CA	Country US
Mailing Address	Ribapharm Inc.			
Mailing Address	3300 Hyland Avenue			
City	Costa Mesa	State	CA	Zip 92626
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Sueting		Chow		
Inventor's Signature				Date 8/31/2004
Residence: City	Diamond Bar	State	CA	Country USA
Mailing Address	Ribapharm Inc.			
Mailing Address	3300 Hyland Avenue			
City	Costa Mesa	State	CA	Zip 92626

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.